



CE Course Completion Verification Form

Please complete this form and submit with the post-test and completed evaluation so we can process your CE certificate.

Please send in a Word document.

Course Title: Assessment of Problematic Sexual Behavior in Children: What, When, and How

Presenter: Erin K. Taylor, Ph.D.

CE Credits: 1

Type: Webinar

Name, Degree & Title: _____

Email: _____ **Tel.:** _____

License Type (official license name): _____

CE type purchased (please underline or circle one): Social Work Psych

License No.: _____ **State:** _____

Date of Webinar completion: _____

By signing this form, I am confirming that I am the participant who has completed this course and post-test, and on the date entered above.

Signature, Title, Certification Type

Date

Note: You may use a DocuSign to sign and date electronically, or print, hand -sign and mail to us. Also, please be sure to return the completed evaluation form via email

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Thank you!